Serial Number 09/067599

PATENT IBM Docket No. RAL919980007US1

	25				
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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>September 21, 2004</u> .					
Karen Orzechowski Signature					

In the United States Patent and Trademark Office

Date: September 21, 2004

In re Application of: S. S. Allison, et al.

Filed: 04/28/1998

For: PATTERN MATCHING IN COMMUNICATIONS

NETWORK

Serial Number: 09/067599

Art Unit: 2177

Examiner: S. T. Channavajjala

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This Amendment is submitted in response to the Official Communication mailed September 9, 2004.

Practitioner's Docket No. RAL919980007US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re application of:

S. S. Allison, et al.

CENTRAL FAX CENTER

Serial No.:

09/067,599

SEP 2 1 2004

Filed:

4/28/1998

For:

PATTERN MATCHING IN COMMUNICATIONS NETWORK

Group Art Unit:

2177

Examiner:

S. Channavajjala

Commissioner for Patents Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION CFR 1.8(a)

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- AMENDMENT TRANSMITTAL in duplicate (2 pages) 1.
- AMENDMENT (7 pages) 2.

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Karen Orzechowski

SEPTEMBER 21, 2004

Date

PLEASE DELIVER TO US PATENT OFFICE GROUP UNIT 2177 - FOR EXAMINER S. Channavajjala

TRANSMITTED FROM:

Mr. JOSCELYN G. COCKBURN, Attorney (Josh) IBM CORPORATION

Intellectual Property Law Dept. 9CCA/Bidg. 002-2

3039 Cornwallis Road

Research Triangle Park, NC 27709

Phone: (919) 543-9036 / Fax: (919) 254-2649

For FAX transmission problems call Karen Orzechowski at 919-543-7860

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Docket RAL919980007US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In reapplication of:

S. S. Allison, et at.

Art Unit No.:

2177

RECEIVED **CENTRAL FAX CENTER**

Application No.:

09/067,599

Examiner:

S. Channavajjala

SEP 2 1 2004

File Date:

April 28, 1998

Customer No. 25299

For: Pattern Matching in Communications Network

Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application.

The fee for claims has been calculated as shown below:

	endment	Highest Number Already Paid For	Present extra	Rate	Additional Fee
Total	19	20	0	\$18.00	\$0.00
Indep	5	5	0	\$86.00	\$0.00
First Presentation of Multiple Dependent Claims? \$290.00					\$0.00
TOTAL:					\$0.00

Please charge Deposit Account Number 09-1990 for the fees as set forth above. The Commissioner Is authorized to charge payment of any additional fees required under 37 CFR §1.16 and 37 CFR §1.17 or to credit any overpayment to the designated Deposit Account. A duplicate copy of this sheet is enclosed.

Respectfully Submitted.

JOSCELYN G. COCKBURN

Reg. No. 27,069

Telephone (919) 543-9036

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